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ABSTRACT

This digest summarizes information on incidence in and identification and intervention of potentially suicidal children and youth with disabilities. Estimates suggesting that some categories of exceptional youth have higher suicide rates than the general population are cited. Suicide risk factors and signs that a student is potentially suicidal are listed, as are recommendations to the media to reduce the contagious effects of suicide reports. The role of educators in identifying potential suicides, referring them to appropriate services, and providing a supportive environment is briefly discussed. Responsibilities of the school and of school psychologists in assessing such students are noted. Components of effective school programs are listed; these include a designated school contact person, case management, crisis teams at the school and district levels, and teacher training. Includes 10 references. (DB)

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SUICIDE AND THE EXCEPTIONAL CHILD

Eleanor C. Guetzloe

Since the 1950s, suicide rates have increased dramatically among young people in the U.S. and Canada. Suicide is the third leading cause of death of young people between the ages of 15 and 24 in the U.S. (National Center for Health Statistics, 1989), and the second leading cause in Canada (Health and Welfare Canada, 1987). Although official suicide rates are much lower for children under 15, suicidal behavior has been reported even in very young children. It is generally accepted that many suicides are unreported or misreported as accidents or death due to undetermined causes (particularly for young children). It has been estimated that the actual number of suicides may be two to three times greater than official statistics indicate (American Psychiatric Association, 1985).

The presence of a psychiatric disorder—particularly a mood disorder such as depression or bipolar illness, a conduct disorder, or a psychosis—contributes to the likelihood of suicide. Depression often exists in conjunction with other mental disorders or with other long-lasting social or behavioral problems. However, not all students with depression or other psychiatric disorders are suicidal.

Very little information is available regarding the prevalence of depression or suicide in students who receive special education services, although relationships between cognitive deficits and depression and between diminished problem-solving abilities and suicidal behavior have been noted. Medical problems have also been associated with depression and suicide. Estimates of the prevalence of depression or symptoms of depression among children and youth with learning or behavior problems tend to be higher than those for the general population (e.g., Forness, 1988). Children with symptoms of depression, particularly gifted children or children who do not also exhibit symptoms of another disorder, may be overlooked in the school referral process for special education services (Guetzloe, 1989, 1991).

What Factors Place Students At Risk Of Suicide?

Researchers have attempted to identify situations, experiences, or characteristics that contribute to the likelihood that a child will complete a suicide (e.g., Blumenthal, 1990; Davidson & Linnoila, 1991; Pfeffer, 1989). When a child has more than one of these factors, the risk of suicide is increased. In addition to mental illness and behavior disorders, suicide has been associated with demographic factors, such as being between the ages of 15 and 24, being white or male, or having a history of attempted suicide. Psychosocial conditions, such as parental loss, family disruption, exposure to suicide, unwanted pregnancy, and particularly, having a relative who has committed suicide are additional factors. Certain biological conditions have also been associated with suicide; these include perinatal factors, decreases in levels of serotonin, and decreases in the secretion of growth hormone, among others.

EC 300801

The American Association of Suicidology has developed guidelines for the media, aimed at reducing the contagious effects of suicide reports. They recommend that the press avoid providing specific details of the method, romanticization of the suicide, descriptions of suicide as unexplainable, and simplistic reasons for the suicide. Further, news stories about suicide should not be printed on the front page, the word *suicide* should not be in the headline, and a picture of the person who committed suicide should not be printed.

How Can A Student Who Is Potentially Suicidal Be Recognized?

Suicidal ideas, threats, and attempts often precede a suicide. The most commonly cited warnings of potential suicide include (a) extreme changes in behavior, (b) a previous suicide attempt, (c) a suicidal threat or statement, and (d) signs of depression. Young children who have depression may have physical complaints, be agitated, or hear imaginary voices. Adolescents may have school difficulties, may withdraw from social activities, have negative or antisocial behavior, or may use alcohol or other drugs. They may display increased emotionality, and their moods may be restless, grouchy, aggressive, or sulky. They may not pay attention to their personal appearance. They may refuse to cooperate in family ventures or want to leave home. They may feel that they are not understood or that they are not approved of, or they may be very sensitive to rejection in love relationships.

What Can Educators Do?

The primary role of all school personnel is to detect the signs of depression and potential suicide, to make immediate referrals to the contact person within the school, to notify parents, to secure assistance from school and community resources, and to assist as members of the support team in follow-up activity after a suicide threat or attempt. Special educators should be aware that many exceptional students, particularly those with emotional or behavioral disorders, may be depressed or potentially suicidal, and also that many depressed or suicidal youngsters are not referred for special education services. Discussions with students should stress the individuals and agencies that are available to help students and the steps they can take in seeking help for themselves, their friends, and their families in case of emergencies.

When a classroom teacher notices changes in a student that may be an indicator of suicidal behavior, immediate action is crucial. Teachers and other school personnel who detect signs of depression or potential suicide in a student must immediately notify the school contact person, who will in turn notify the parents and other appropriate individuals in the school or community. The student should be kept under close supervision and *must not be left alone*. It is important to let the student know that adults in the school are concerned about his or her welfare. Students who are depressed or

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suicidal may misinterpret uncertainty or failure to respond as a lack of caring (Guetzloe, 1989).

One course of action for students who show signs of depression or potential suicide is referral for special education assessment. A special education teacher can provide a safe, structured, and positive classroom environment and an appropriate, effective educational program. Classroom behavior management systems that emphasize support, encouragement, gains, and rewards rather than punishment should be implemented. The individualized education program (IEP) of a student with symptoms of depression or suicidal behavior should include goals and objectives related to the alleviation of risk factors.

What Are The School's Responsibilities Regarding Assessment?

School assessments should be regarded as additional to, rather than a substitute for, an assessment by a mental health professional. Authorities have often suggested that evaluation for suicide potential should be included in the diagnostic procedure for any child referred for any reason to a physician or psychiatrist. The assessment process provides a means of consulting with parents and other school professionals and an opportunity to assess the risk factors present in the student's life. Alleviation of the risk factors should be goals on the student's IEP. The involvement of the family as part of the school program for depressed and potentially suicidal youngsters is extremely important.

School psychologists are important members of the IEP team for depressed or suicidal children. Assessment instruments suitable for use by school psychologists who have received specific training are available. Many clinicians feel that a battery of screening and assessment instruments, including a variety of assessment techniques such as interviews, checklists, questionnaires, and inventories is required for an accurate assessment of depression and suicidal risk. The role of the school psychologist may also include crisis intervention and treatment within the school. If these responsibilities are part of the school psychologist's role, they should be included in the job description, and the psychologist should carry liability insurance.

What Are The Components Of An Effective School Program?

Many school suicide prevention programs have not been evaluated for efficacy and safety. Researchers have questioned the effectiveness of curricular programs, and some research suggests that such programs may actually increase the risk for students who have attempted suicide (Shaffer, 1988). They recommended instead that schools concentrate on providing individual assistance to students who are most at risk. Schools should exercise caution in developing a plan for suicide prevention, but a written and approved plan must be developed.

Each school plan should be developed by the district's own committee and should be a team effort by all individuals, groups, and agencies that may be affected by its implementation. A comprehensive program will include procedures related to all three levels of prevention—for the aftermath of a suicide crisis (tertiary prevention), for dealing with suicide attempts, threats, and ideation, (secondary prevention), and for the enhancement of mental health (primary prevention). The full continuum of special education services—ranging from counseling, special materials, and specialized instruction within the regular school program to short- and long-term residential placements—is an essential component of the intervention plan. It is advisable to seek legal counsel regarding the plan to address issues of liability. A comprehensive plan would include the following (Guetzloe, 1989, 1991):

- Crisis teams at the school and district levels as well as a community crisis team or network of professionals.
- A contact person, such as the school counselor, who is designated to maintain communication among teachers, students, parents, and community treatment providers.
- Case management.
- Procedures for documenting referrals, notifying parents and working with depressed or suicidal students.
- Policies and procedures that clearly delineate the appropriate steps to follow in the event of suicidal behavior and the responsibilities of the various school personnel in carrying out the plan.
- Training for teachers and other school personnel.
- Provision of positive information to students about the symptoms of depression and suicidal behavior, resources available in the school and community, and procedures for referring themselves or others to these services.

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